

P.O. Box 1049, 1800 WaterMark Dr. Columbus, Ohio 43266-0149 (614) 644-3020 FAX (614) 644-2329



George V. Voinovich
Governor

Donald R. Schregardus
Director

July 22, 1993

Dupont Toledo Plant Attn: Denise Trabbic-Clement P.O. Box 953 Toledo, OH 43697

**RE:** EPA ID#: OHD005041843

LOCATION of INSTALLATION: 1930 Tremainsville Rd Toledo, OH 43613

In response to your request of April 1993 the following information has been updated:

Replaced waste codes back to the Notification record: D002, D003, D004, D005, D006, D007, D018, D035, D038, F003, F005, U009, U188, U196

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Phomas E. Crepeau Thomas E. Crepeau, Manager

Data Management Section

Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V

Ohio EPA District Office

P.O. Box 1049, 1800 WaterMark Dr. Columbus, Ohio 43266-0149 (614) 644-3020 FAX (614) 644-2329

George V. Voinovich
Governor

Donald R. Schregardus
Director

March 23, 1993

APR 0 8 1999

Dupont Toledo Plant Attn: Denise Trabbic-Clement P.O. Box 953 Toledo, OH 43697

RE: EPA ID#: GENERALIS

LOCATION of INSTALLATION: 1930 Tremainsville Rd
Toledo, OH 43613

In response to your request of February 1993 the following information has been updated:

Contact: Denise Trabbic-Clement (419)470-1870

Added waste code: D028

Deleted waste codes: D002, D003, D004, D005, D006, D007, D018, D035, D038, F003, F005, U009, U188, U196

Your status as a TSD will remain until the final letter regarding closure is sent.

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office



## **UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

**REGION 5 RCRA ACTIVITIES** P.O. BOX A3587 CHICAGO, ILLINOIS 60690

DUPONT TOLEDO APD ATTN ANTHONY PARCHOMENKO 1930 TREMAINSVILLE RD TOLEDO, OH 43613

OCT 17 1001

RE: EPA ID #:	OHD005041843		
In response to your	r request of	10-29-90	the following
information has bee	n updated:		

Name of Installation to Installation contact to Installation legal owner Addition of waste code

Hazardous waste activity

DUPONT TOLEOD APD ANTHONY PARCHOMENKO E.I DU PONT DE NEMOURS AND CO D004, D005, D018, D006, F003 F005, U009, U188, U196, D007, D026, D008, D009, D035 AND D038 BURNER/BLENDER - INDUSTRIAL **BOILER** 

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

Sham Kiddon

cc: State Agency

File

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

FEE 4 1982

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Mr. Jerome W. Shemechko DuPont De Nemours & Co. 1930 Tremainsville Road Toledo, OH 43613

RE: Interim Status Acknowledgement USEPA ID No. OHD005041843 FACILITY NAME: DuPont De Nemours & Co.

Dear Mr. Shemechko:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

**Enclosure** 

FACILITY NAME

DU PONT E I DE NEMOURS & CO

EPA ID NUMBER OHD005041843

FACILITY OPERATOR

DU PONT E I DE NEMOURS & CO INC

FACILITY OWNER

DU PONT E I DE NEMOURS & CO INC

FACILITY LOCATION

1930 TREMAINSVILLE ROAD

TOLEDO

OH 43513

PROCESS CODE DESIGN CAPACITY UNIT OF MEASURE \$01 250000.00000 G \$02 30000.00000 G

PRO-APPROPRIATE CESS UNITS OF \* UNIT OF **PROCESS** CODE CODE MEASURE \* MEASURE \* ------STORAGE: \* GALLONS G -----\* LITERS L CONTAINER S01 G OR L \* CUBIC YARDS Y S02 TANK G OR L \* CUBIC METERS WASTE PILE 503 Y OR C \* GALLONS PER DAY U SURFACE IMPOUNDMENT 504 G OR L \* LITERS PER DAY DISPOSAL: \* TONS PER HOUR \* METRIC TONS\HOUR W INJECTION WELL D79 G,L,U, OR V \* GALLONS\HOUR E LANDFILL D80 A OR F \* LITERS\HOUR H LAND APPLICATION D81 B OR Q \* ACRE-FEET OCEAN DISPOSAL D82 U OR V \* HECTARE-METER F SURFACE IMPOUNDMENT D83 G OR L \* ACRES В TREATMENT: \* HECTARES Q \* POUNDS\HOUR TANK U OR V TOI \* KILOGRAMS\HOUR SURFACE IMPOUNDMENT TO2 U OR V \* TONS PER DAY N TO3 INCINERATOR D,W,E, OR H \* METRIC TONS\DAY OTHER T04 J,R,N,S,U,V

laracters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

# Notificatio.. of Regulated Waste

Please refer to the Instructions Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	<b>SEPA</b> United States	Notifica Regulate Acti Environmental Protect	ed Waste vity	Date Received (For Official Use Only) NOV 0
I. Installation's EPA ID Num	nber (Mark 'X' In the approp	oriate box)		
A. First Notification	B. Subsequent Notific (complete item C)		C. Installation's	EPA ID Number
II. Name of Installation (Incl	lude company and specific	site name) 🦠 👙	Chicago Capacita Capacita	Mark Company and the
DUPONT	TOLEDO	APD		
III. Location of Installation (	Physical address not P.O.	Box or Route Numb	ner)	
Street	EMAINS	VIALE	[Ad.]	
Street (continued)				
City or Town			State ZIP Code	
TOLEDO			044361	3 -
County Code County Name				HEADER CONTRACTOR
4864CA	S			
IV. Installation Mailing Addr	ress (See Instructions)			
Street or P.O. Box				
JAME				
City or Town			State ZIP Code	
V (potallation Contact (C	son to be contested as	ling waste activities	at cita)	D D 32 8X
V. Installation Contact (Pers	son to be contacted regard			
PARCHOM	ENKO	ANT	hony	
Job Title		Phone Nur	mber (area code and numl	ber)
ENVIRO.	COORD'	TR419	-478-1	1211
VI. Installation Contact Add				
A. Contact Address B. Street	et or P.O. Box		The second se	
City or Town			State ZIP Code	Table 1
VII. Ownership (See Instruc	2.367.2			
A. Name of Installation's Lo	0 1			
Street, P.O. Box, or Route	Number	E NEM	1014/2151 19	MAD TEIDIA
Street, P.O. Box, or Houte	RKET ST			
City or Town	1-1/1-1/1 191		State ZIP Code	
WILMING	TOM		DE 1989	
Dhear Hart		and Type C. Owner T	ype D. Change of Owner	
302 - 774	- / 000	PP	Yes No	, cai

a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 4. Hazard c. Less than 100 kg/mo (220 lbs.) a. Ge 2. Transporter (Indicate Mode in boxes 1-5 below) b. Ot a. For own waste only b. For commercial purposes Mode of Transportation 1, Air 2. Rail 3. Highway 5. Under 4. Water 5. Other - specify  IX. Description of Regulated Wastes (Use additional she wastes your installation handles. (See 40 CFR Parts 261.20 - 20 lbs.)	B. Used Oil Fuel Activities  Tr. Storer, Disposer (at installation) A permit is required for Stivity; see instructions. Indoor Waste Fuel Industrial Boiler Industrial Boiler Industrial Boiler Industrial Boiler Industrial Furnace Industrial Furnace Industrial Boiler Industrial Furnace Industrial Boiler Industrial Furnace Industrial Fur
A. Hazardous Waste Activity  1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation  1. Air 2. Rail 3. Highway 5. Under 1. Water 5. Other - specify  IX. Description of Regulated Wastes (Use additional she wastes your installation handles. (See 40 CFR Parts 261.20 - 20.11)  1. Ignitable 2. Corrosive 3. Reactive 4. Extension (Lie.)	B. Used Oil Fuel Activities  Tr., Storer, Disposer (at installation) A permit is required for a. Generator Marketing to Burner citivity; see instructions. Industrial for the Marketers Industrial Boiler I. Utility Boiler II. Utility Boiler III. Utility Boiler
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1, Air  2. Rall  3. Highway  4. Water  5. Other - specify  IX. Description of Regulated Wastes (Use additional she wastes your installation handles. (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  4. Hazard (See 40 CFR Parts 261.20 - 20.00 lbs.)  4. Hazard (See 40 CFR Parts 261.20 - 20.00 lbs.)  5. Under (See 40 CFR Parts 261.20 - 20.00 lbs.)  6. Other (See 40 CFR Parts 261.20 - 20.00 lbs.)  7. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  7. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  7. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  8. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  9. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)  1. Ignitable 2. Corrosive 3. Reactive 4. Extraction (See 40 CFR Parts 261.20 - 20.00 lbs.)	1. Off-Specification Used Oil Fuel A permit is required for civity; see instructions. dous Waste Fuel enerator Marketing to Burner ther Marketers urner - indicate device(s) - //pe of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace ground Injection Control  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claim the Oil Meets the Specification  eets if necessary)  In the boxes corresponding to the characteristics of nonlisted hazardous  2. Total Combustion Used Oil Fuel Marketer (or On-site Burner) Who First Claim the Oil Meets the Specification  Total Combustion Used Oil Fuel Marketer (or On-site Burner) Who First Claim the Oil Meets the Specification  Total Combuston Used Oil Fuel Marketer (or On-site Burner) Who First Claim the Oil Meets the Specification
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 5. Under 1. Water 5. Other - specify  IX. Description of Regulated Wastes (Use additional she wastes your installation handles. (See 40 CFR Parts 261.20 - 11. Ignitable 2. Corrosive 3. Reactive 4. Extraction this act this ac	A permit is required for civity; see instructions.  dous Waste Fuel enerator Marketing to Burner be denerator Marketing to Burner control b. Other Marketer b. Other Marketer conduction Device combustion Device
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in wastes your installation handles. (See 40 CFR Parts 261.20 - 201.1)     Inguitable 2. Corrosive 3. Reactive 4. Ep Toxis	n the boxes corresponding to the characteristics of nonlisted hazardous 261.24)
wastes your installation handles. (See 40 CFR Parts 261.20 - 201.2	$(A) \qquad (A) $
	004000500180006
B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See in:  1	A 4 A 5 A 6 D 0 7 A 10 D 0 3 S D 0 3 S D 0 3 S D 0 3 S
C. Other Wastes. (State or other wastes requiring an I.D. number	er. See instructions.) # 5 6
X. Certification	
I certify under penalty of law that I have personally ex and all attached documents, and that based on m obtaining the information, I believe that the submitt that there are significant penalties for submitting imprisonment.	camined and am familiar with the information submitted in this my inquiry of those individuals immediately responsible for ted information is true, accurate, and complete. I am aware g false information, including the possibility of fines and
	Date Signed  ARLIN OPERATIONS SUPT 10/29/90
XI. Comments	



EPA Form 8700-12B (4-80)

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

	EPA I.D. NUMBER	> 1°	OHD005041843	REACKNO	DWLED	GEMENT
		7.1	DU PONT E I DE 1930 TREMAINSV	NEMOURS &		
			TOLEDO		OH	43613
11	NSTALLATION ADDRESS		1930 TREMAINSV TOLEDO	ILLE ROAD	ОН	43513

09/29/81

GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only

				I.D FOR O	FICIAL USE ONLY
				WOHDOOS	50418432
IX. DESCRIPTION OF I	AZARDOUS WAST	FS (continued from	front		13 14 1
A. HAZARDOUS WASTES	FROM NON-SPECIFIC	SOURCES. Enter the	four-digit number from	40 CFR Part 261.31 fo	or each listed hazardous
waste from non-specific	sources your installation	handles. Use addition	al sheets if necessary.		
1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	10 21 3U	8 7 5 9 1 1 1	10	11	12
23 - 26	23 - 26	25 - 26	23 - 26	23 - 26	23 - 26
specific industrial sources	your installation handle	S. Use additional sheet	digit number from 40 CF is if necessary.	R Part 261.32 for each	listed hazardous waste from
13	14	15	16	17	18
K 0 7 8	K 0 7 9	K 0 8 2			
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	HIII	TIT	TIT	TIT	Hill
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
		23 2 26			
c. COMMERCIAL CHEMIC stance your installation h	AL PRODUCT HAZAR andles which may be a h	DOUS WASTES. Ente	r the four—digit number dditional sheets if necessa	from 40 CFR Part 261.:	33 for each chemical sub- ed sheet)
31	32	33	34	35	36
P 1 0 0	0002	U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 3
37	38	39	40	41	42
U 0 2 8	U 0 3 1	U 0 5 7	U 0 6 9	U102	U 1 0 7
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U 1 0 8	U1112	u l 1 l 3	11122	U 1 2 3	UI 140
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS W hospitals, medical and res					e from hospitals, veterinary
49	50	51	52	53	54
E. CHARACTERISTICS OF hazardous wastes your in:	NON-LISTED HAZA	RDOUS WASTES. Mar 40 CFR Parts 261.21 -	k "X" in the boxes corre	sponding to the character	eristics of non-listed
1. IGNITAE		2. CORROSIVE	☐3. REAC	TIVE	(D000)
C. CERTIFICATION	and the second s	and the second s		and the second s	
I certify under penalty attached documents, as I believe that the submitting false information	nd that based on my itted information is	inquiry of those inc true, accurate, and	dividuals immediately complete. I am aware	responsible for obta	ining the information,
IGNATURE			FICIAL TITLE (type or )	print)	DATE SIGNED
R. H. Clark	101	RICHARD	H. CLARK		

EPA Form 8700-12 (6-80) REVERSE

ATTA	with ELITE type (12		GSA No. 0246-EPA-OT
<b>WEITH</b>	NOTIFICAT	OF HAZARDOUS WASTE ACTI	STRUCTIONS: If you received a preprint oel, affix it in the space at left. If any of
INSTALLA- TION'S EPA I.D. NO.			information on the label is incorrect, draw a through it and supply the correct informa in the appropriate section below. If the lab complete and correct, leave Items 1, 11, and
1. STALLATION	+		below blank. If you did not receive a preprint label, complete all items, "Installation" mea
II. MAILING ADDRESS	PLEAS	SE PLACE LABEL IN THIS SPACE	single site where hazardous waste is general treated, stored and/or disposed of, or a treated, stored and/or disposed of, or a treated, stored and/or disposed of, or a treated, stored and/or disposed of business. Please reporter's principal place of business. Please reporter to the INSTRUCTIONS FOR FILING NOT
LOCATION OF INSTAL- LATION			CATION before completing this form, information requested herein is required by (Section 3010 of the Resource Conservation Recovery Act).
FOR OFFICIAL	USE ONLY	COMMENTS	
Ĉ I	ПППП		
INSTALLAT	ION'S EPA I.D. NUMI	BER APPROVED DATE RECEIVED (yr., mo., & day)	55
F		T/A C	
1 2	STALLATION	13 14 15 16 17 22	
INSTALLAT	ION MAILING ADI	DRESS	67
I. INSTALLAT		STREET OR P.O. BOX	
3			
5 16	CITY	OR TOWN ST. Z	45 EIP CODE
4			
15 16	OF INSTALLATIO	40 41 42 47 N	- 51
III. ECCATION		ET OR ROUTE NUMBER	W 12
5			
15   16	CITY	OR TOWN ST. Z	45 SIP CODE
6			
V. INSTALLA	TION CONTACT	40 41 42 47	- 51
		ND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2			
V. OWNERSHIP	> pro + 12 minutes and the same	A Straight of the Company of the Com	45 46 - 44 49 - 51 52 - 55
धारा		A. NAME OF INSTALLATION'S LEGAL OWNER	
			55
	OWNERSHIP	VI. TYPE OF HAZARDOUS WASTE ACTIVITY	
15 16	riate letter into box)	1	B. TRANSPORTATION (complete item VII)
B. TYPE OF (enter the appropriate of the second of the sec	\L	<del>37</del>	
F = FEDERA  M = NON-FI	AL EDERAL	C. TREAT/STORE/DISPOSE	D. UNDERGROUND INJECTION
F = FEDERA M = NON-FI	TRANSPORTATIO	C. TREAT/STORE/DISPOSE  So only – enter "X" in the appropriat	D. UNDERGROUND INJECTION  The box(es))
F = FEDERA M = NON-FI  VII. MODE OF	TRANSPORTATIO	ST  C. TREAT/STORE/DISPOSE  SO  N (transporters only – enter "X" in the appropriat  C. HIGHWAY  SO  SO  SO  SO  SO  SO  SO  SO  SO  S	D. UNDERGROUND INJECTION  The box(es))  THER (specify):
F = FEDERA M = NON-FI  VII. MODE OF  A. AIR  VIII. FIRST OR	TRANSPORTATIO  B. RAIL  SUBSEQUENT NO	ST	D. UNDERGROUND INJECTION  Te box(es))  TER (specify):
F = FEDERA M = NON-FI  VII. MODE OF  S1 A. AIR  VIII. FIRST OR  Mark "X" in the air	TRANSPORTATIO  B. RAIL  SUBSEQUENT NO	ST  C. TREAT/STORE/DISPOSE  SO  N (transporters only – enter "X" in the appropriat  C. HIGHWAY  SO  SO  SO  SO  SO  SO  SO  SO  SO  S	D. UNDERGROUND INJECTION  The box(es))  The box(es))  The box(es))  The box(es))  The box(es))  The box(es))
F = FEDERA M = NON-FI  VII. MODE OF  S1 A. AIR  VIII. FIRST OR  Mark "X" in the air	TRANSPORTATIO  B. RAIL  SUBSEQUENT NO	ST	D. UNDERGROUND INJECTION  The box(es))  The box(es))  The box(es))  The box(es))  The box(es))  The box(es))
F = FEDERAM = NON-FI  VII. MODE OF  STANDARD OR  VIII. FIRST OR  Mark "X" in the appropriate this is not your first	TRANSPORTATIO  B. RAIL  SUBSEQUENT NO	ST	te box(es))  IER (specify):  hazardous waste activity or a subsequent notifical discovery of the box of the bo

1011	The state of the s			WOHDOOS	504184321
IX. DESCRIPTION OF H.	AZARDOUS WAS	TES (continued from	front)		
A. HAZARDOUS WASTES F waste from non-specific so	ROM NON-SPECIFI	C SOURCES. Enter the	four-digit number from	n 40 CFR Part 261.31 fo	or each listed hazaldous
1	2	3		5	6
7	23 - 26	9	10	23 - 26	12
B. HAZARDOUS WASTES F	23 - 26	23 - 26 PCES Enter the 6	23 - 26	23 · 26	23 - 26
specific industrial sources y	our installation hand	es. Use additional sheets	if necessary.	rait 201.32 for each	nisted nazardous waste from
13	14	15	16	17	18
23 2 26	23 - 26	23 : 26	23 . 26		
19	20	21	23 - 26	23 - 26	24
25 - 26	26	23 - 26	28 28	25 - 26	30
C. COMMERCIAL CHEMICA	L PRODUCT HAZAR	RDOUS WASTES Fotor	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub-
stance your installation har					Total distilled ado-
31	32	33	34	35	36
U 1 5 4	U 1 5 9	U   1   6   1   23 - 26	U 1 6 2	U 1 9 0	U 1 9 7
37	38	39	40	41	42
U 2 2 0	U 2 3 9	23 - 24	23 - 26		
43	44	45	46	47	48
D. LISTED INFECTIOUS WA					e from hospitals, veterinary
hospitals, medical and research	arch laboratories your	installation handles. Use	additional sheets if ne	cessary.	
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF Mazardous wastes your instr	NON-LISTED HAZA allation handles. (See	ADOUS WASTES. Mark 40 CFR Parts 261.21 — 2	"X" in the boxes corre	sponding to the charact	eristics of non-listed
1. IGNITABL		2. CORROSIVE	☐3. REAC	TIVE	☐4. TOXIC
X, CERTIFICATION	(D	002)	(D003)		(D000)
I certify under penalty	of law that I have	personally evamined	and am familiar wit	h the information as	hmitted in this and all
attached documents, and I believe that the submit mitting false information	that based on my ted information is	inquiry of those ind true, accurate, and co	ividuals immediately omplete. I am aware	responsible for obta	tining the information.
SIGNATURE			ICIAL TITLE (type or	print)	DATE SIGNED
011 01 1	,	RICHARD I	H. CLARK		

EPA Form 8700-12 (6-80) REVERSE

JRL

E. I. Du Pont de Nemours & Company 1930 Tremainsville Road Toledo, Ohio 43613

I.D. - FOR OFFICIAL USE ONLY

Mug14 )

PLANT MANAGER

P.O. Box 1049, 1800 WaterMark Dr. Columbus, Ohio 43266-0149 (614) 644-3020 FAX (614) 644-2329

George V. Voinovich
Governor

Donald R. Schregardus
Director

March 5, 1992

Dupont Toledo Plant Attn: Robert Yager P.O. Box 953 Toledo, OH 43697

RE: EPA ID#: 0HD005041843

In response to your request of February 1992 the following information has been updated:

Mailing Address: (same as above)

Contact: Robert Yager (419)470-1738

Activity: hazardous waste fuel - other marketers added

deleted as a hazardous waste fuel burner

Deleted waste codes: D008, D009, U002, U007, U008, U028, U031, U057,

U069, U102, U107, U108, U112, U113, U122, U123, U140, U154, U159, U161, U162, U190, U197, U220,

U239.

If you have any questions, please contact Beth Harris at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager

Data Management Section

Division of Hazardous Waste Management

homas E. Crepeau

TEC/bah

cc: U.S. EPA, Region V

Please print or type in the unshaded areas only  (fill—in areas are spaced for elite type, i.e., 12 chan	in t	RE	VIS	10N-	Form Approved OMS No.	158-R	0175	
FORM. U.S. VIR	L EPA LO, NUMBER							
GENA GEN	FOH D0050	41	8'4	3 6				
I. EPA I.D. NUMBER  III. FACILITY NAME  V. PACILITY WAILING ADDRESS  PLEASE PL	ACE	1	BET IN	THIS SPACE	If a preprinted label has to it in the designated space, ation carefully; if any of through it and enter the appropriate fill—in area be the preprinted data is absolute of the label space if that should appear, pleas proper fill—in area(s) believed.	Reviet is in correct low. Interest the property. It	provide with the correct det det det det det det det det det de	is informatic, cross in the if any of the to the ormation it in the label is
VI. LOCATION  Complete and correct, you re trains I, III, V, and VI far must be completed reperfect trains if no label has been put the instructions for detail tions and for the legal aut which this data is collected.								
II. POLLUTANT CHARACTERISTICS		44.		A SECTION OF THE SECTION		-		
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	tel fo	ech q	uestion, y	e parenthesis following the que ou need not submit any of the	stion. Mark "X" in the box in e forms. You may answer "no for definitions of bold—faced	the the	ird co	lumn tivity
A. Is this facility a publicly owned treatment works	-	-	ATTACHED	8. Does or will this facility	(either existing or proposed)	1		ATTACHEC
which results in a discharge to waters of the U.S.? (FORM 2A)		X	. 10	include a soncentrated a squatic animal productio discharge to waters of the	nimal feeding operation or n facility which results in a U.S.? (FORM 28)	10	X	81
C. Is this a facility which currently results in discharges to weters of the U.S. other than those described in A or B above? (FORM 2C)	X	n	М.	D. Is this a proposed facility in A or B above, which waters of the U.S.? (FOR)	will result in a discharge to	1		
E. Does or will this facility treet, store, or dispose of hexardous wester? (FORM 3)	E. Does or will this facility treet, store, or dispose of y						X	- 11
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	1	X		process, solution mining	at this facility fluids for spe- ning of sulfur by the Frasch of minerals, in situ combus- overy of geothermal energy?	37	X	
I, Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		instructions and which w per year of any air polluta	d stationary source which is striel categories listed in the ill potentially emit 250 tons nt regulated under the Clean r be located in an attainment		X	
III, NAME OF FACILITY				AND STREET STREET, STREET STREET				-
			URS	4 CO. 1 KC				
						-		
	*C, 4	Title)		11111111	PHONE (area code & no.)			
11 11	47	-+-		ENGNR . 41.				
A. STREET OR P.O.								
31930 TREMAINSVILL	€	R	OAD					
ATOLEDO	-			0. ZIP COO				
16 16		•		23 31 23 37			1	
VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER S			DENTIFIE					是些人
51930 TREMAINSVILL	-	1 1	OAD					
B. COUNTY NAME	-	-	111					
LUCAS								
C. CITY OR TOWN				D.STATE E. ZIP COO	IN TOUNTY COBE			
BIOLEDO				OH 4361	3			
EPA Form 3510-1 (6-80)					CONTU	WIIE (	N R	VERSE

DATINUED FROM THE FRONT	-REVISION-	OHD 005041843.
III. SIC CODES (4-digit; in order of priority)		
A. FIRST	[c] (specify)	B. SECOND
1285 PAINT & ALLIED PRO	DUCTS 7	MIA
C. THIRD		D. FOURTH
7 (specify)	7 (specify)	MIA
VIII. OPERATOR INFORMATION		
	A. NAME	B. Is the name listed in
JE. 1 du Pour devien	101105 - 60 1015	owner?
BE. I. du PONT DENEM	104.85 4 CO. INC.	YES NO
C. STATUS OF OPERATOR (Enter the appropriate		D. PHONE (area code & no.)
F - FEDERAL M - PUBLIC (other than federal of S - STATE 0 - OTHER (apecity)	or state) D (specify)	A 302 774 1000
P = PRIVATE	OX	10 10 10 10 - 11 14 - 14
THE PROPERTY OF THE PARTY OF TH	1111111111	
1007 MARKET STREE	<u> </u>	
F. CITY OR TOWN	G.STATE H. ZIP C	
BWILMINGTON	DE 198	98 Stree facility located on Indian lands?  YES NO
10 10	40 41 42 47 -	11 32
X. EXISTING ENVIRONMENTAL PERMITS	terror (1884) er er er getigt betyddi <del>ll beddi</del> e	
रागान नाम नाम नाम नाम	PSO (Air Emissions from Proposed Sources)	
9 N 2 1 F O O O 1 6 * D D 9 P	N./A.	
B. UIC (Underground Injection of Fluids)	E. OTHER (specify) · -	
A /N  U E	SEE ATTACHED	(specify)
C. RCRA (Hasardous Wastes)	E. OTHER (specify)	
والمالية المالية المال	102-10	FACILITY INSTALLATION AND
9 R 0 A DOOS 0 4   8 4 5   9	03-48-0143	OPERATING PERMIT
XI. MAP	· 中国、	等的可能的基础的 1000 的
Attach to this application a topographic map of the the outline of the facility, the location of each of	area extending to at least one mile beyond its existing and proposed intake and disch	property bounderies. The map must show
treatment, storage, or disposal facilities, and each	well where it injects fluids underground. I	nclude all springs, rivers and other surface
water bodies in the map area. See instructions for pr	ecise requirements.	
XIL NATURE OF BUSINESS (provide a brief description)	是一名為自然的人等因為自然的主義的	· · · · · · · · · · · · · · · · · · ·
PRODUCTION OF PAINTS.	RESINS, AND ASSOCI	ATEN SURFACE
COATING MATERIALS.		
ookiiia marateriaa.		
XIII, CERTIFICATION (see Instructions)	the standard of the control of the first policy of the standard of	
I certify under penalty of law that I have personally attachments and that, based on my inquiry of the	y examined and am familiar with the information persons immediately responsible for a	mation submitted in this application and all
application, I believe that the information is true, if false information, including the possibility of fine an	eccurate and complete, I am aware that the	here are significant penalties for submitting
SAMUEL J. BRIGHT, PLT. MNG.	R. SIGNATURE	C. DATE SIGNED
PER 40 CFR 270.11a	· X/1/2 1	1. 0/10/87
COMMENTS FOR OFFICIAL USE ONLY		
C		
EPA Form 2510-1 (6-80) REVERSE		w <sub>1</sub>

# ADDITIONAL INFORMATION FORM 1, Sec X (EPA FORM 3510-1)

E.I.Du Pont de Nemours & Co. Inc. 1930 Tremainsville Road Toledo, Ohio 43613

Other Existing Environmental Permits.

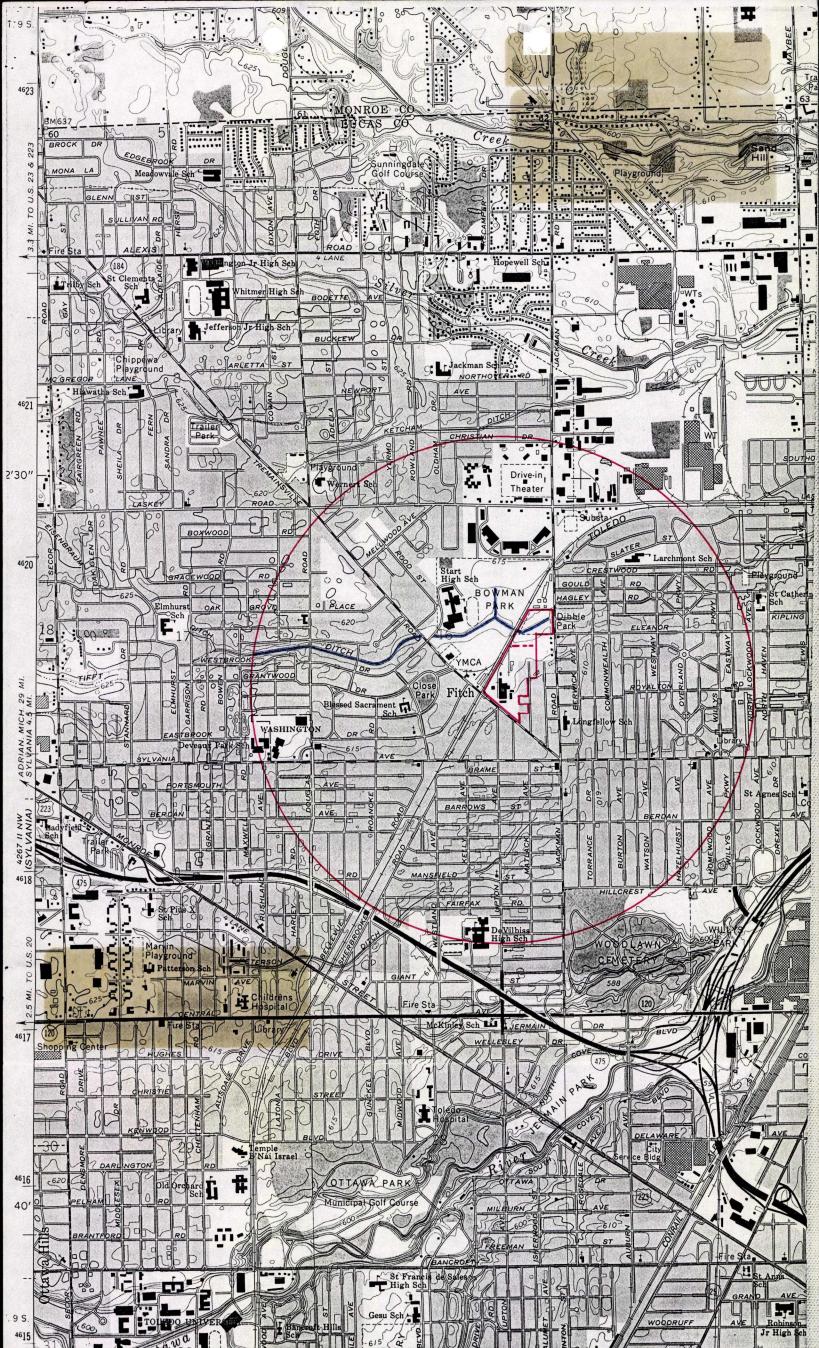
City of Toledo Air Emission Permits:

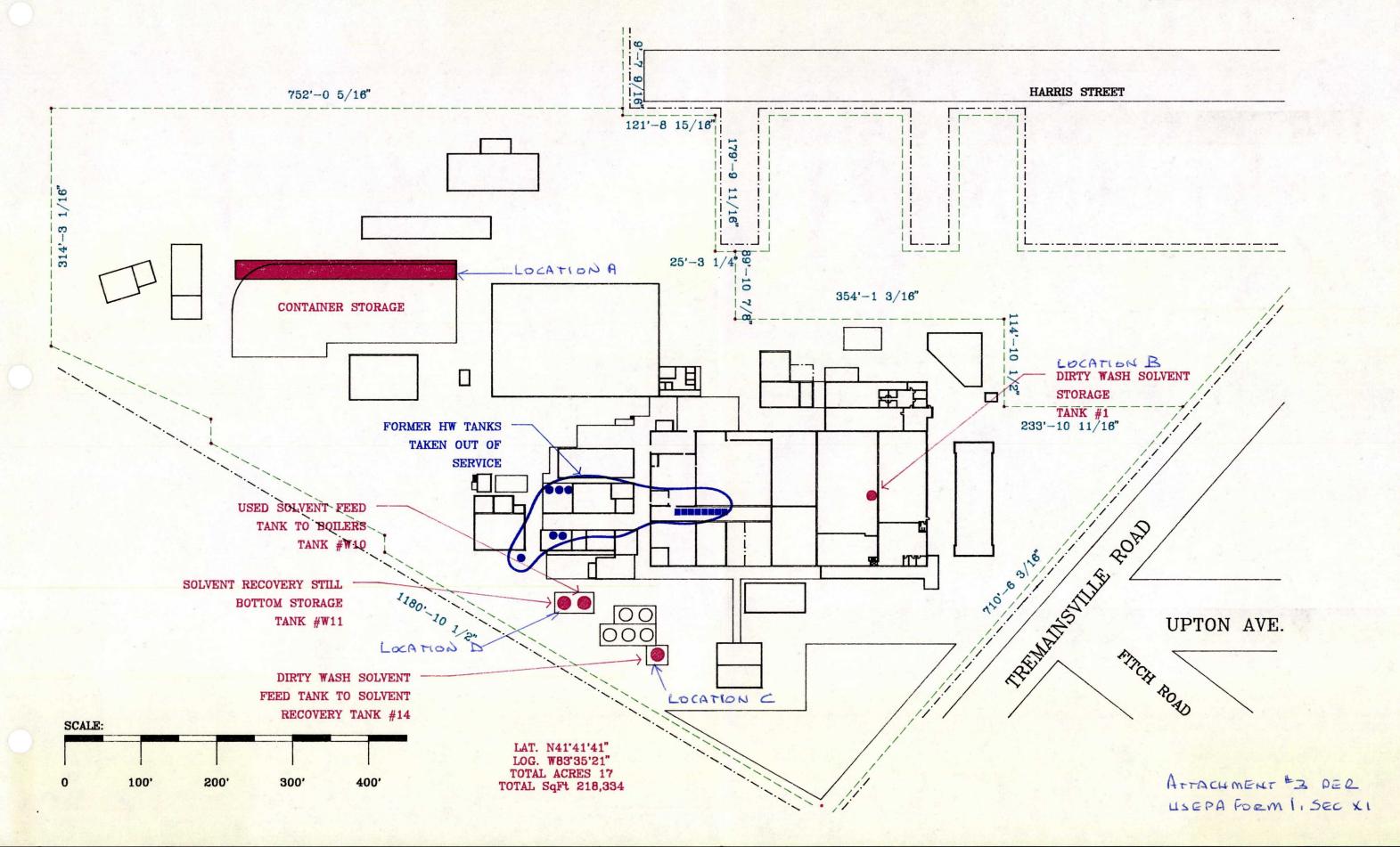
Nos. 0448010058B003 0448010058B004 0448010058B005 0448010058P001 0448010058P002 0448010058P003 0448010058P004 0448010058P005 0448010058P006 0448010058P007 0448010058P007

City of Toledo POTW Discharge Permit:

No. 049-87-A







4

10

## III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

LINE 1, P-1 - CONTAINER STORAGE INCLUDES PORTAble TANKS OF UP TO 550 GALS CAPACITY.

## IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the tour-digit number from 40 CFH, Support D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed weste entered in column A estimate the quantity of that weste that will be handled on an annual besis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed westels) that will be handled which possess that characteristic or contaminant.
- 2. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### J. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional codels).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hezardous westes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste,
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste, In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste, Treatment will be in an incinerator and disposal will be in a landfill,

		1. E	A. EPA		c		NIT		D.						D. F	ROCESSES		
LINE NO.	HAZARI WASTEN (enter cod		20.0	B. ESTIMATED ANNUAL QUANTITY OF WASTE		SURE (cnter code)							SS CODES (er)				2. PROCESS DESCRIPTION (if a code is not entered in D(11)	
X-1	K	0	5	4	900	1	1	T	0	3	D	8	0		•	1		
X-2	D	0	0	2	400	F	,	T	0	3	D	8	0	T	1		T A	
X-3	D	0	0	1	100	F	,	T	0	3	D	8	0	•	•	•		
X-4	D	0	0	2			T							1	1	T		included with above

EPA Form 3510-3 (6-80)

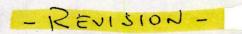
PAGE 2 OF 5

CONTINUE ON PAGE 3

26

INCLUDED

EPA Form 3510-3 (6-80)



11	DESCRIPTION	OF HAZARDOUS WA	STES (continued)
	DESCRIPTION	OI IIAZANDOOS IIA	121 F3 [COULTINGE A]

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(I) ON PAGE 3.

							L	
DOCHOE	SOY 1843 16							
V. FACILITY D	RAWING				angung.			
		on page 5 a scale drawing of the facility (see i					:	
		erial or ground—level) that clearly delin torage, treatment or disposal areas (see				ing si	torage	
II. FACILITY	GEOGRAPHIC LOCATION	· · · · · · · · · · · · · · · · · · ·						The state of
	LATITUDE (degrees, minutes, & secon	de)	ONGITUDE (degrees, n	ninutes	s, & sec	onder		
	41 41 41		[83]3	Sa	41]			
VIII. FACILITY	OWNER					-	23.5 F.	
skip to Se	ection IX below.	is listed in Section VIII on Form 1, "General selection VIII on Form 1, complete						
<u>-1</u>	I. NAME OF FAC	CILITY'S LEGAL OWNER		2. P	HONE	NO. (	arca co	ode & no.1
E					$\coprod_{\vdash_{\perp}}$	Ш	_ ;	3 10
	3. STREET OR P.O. BOX	4. CITY OR TOW	N 5.	ST.	**1 13	100000	P COC	
F		Gi					H	
22.10	DIECTION CONTRACTOR	· · · · · · · · · · · · · · · · · · ·	an de	1:				
I certify under p		ly examined and am familiar with the in individuals immediately responsible fo	formation submitte					
submitted infor	mation is true, accurate, and compossibility of fine and imprisonment	lete. I am aware that there are significant	nt penalties for subn	nitting	false	infor	matio	n,
SANUEL J	BRIGHT, PLT. MNGR.	B. SIGNATURE	C	DATE	ESIGN	CO		
DER HOC	FR 270.11a	118-4	New Control of the Co	8	/10	18	5	
	CERTIFICATION		STATE OF STATE OF		30333			
I certify under p documents, and submitted infon	penalty of law that I have personal that based on my inquiry of those	ly examined and am familiar with the in individuals immediately responsible fo lete. I am aware that there are significan	r obtaining the infor	matio	n, I be	elieve	that	the
A. NAME (print o	r typej	a. SIGNATURE	c	DATE	ESIGN	(0		

PAGE 4 OF 5

CONTINUE ON PAGE 5

REVISED OHID PART A APPLICATION

E.I. Du Pont de NEMOURS + Co. INC.

APD DEPARTMENT PLANT. TOLEDO, OHIO

USEPA ID ND. OHD DOSO 41843

DHIO HWFIOP HO. D3-48-D195



LOCATION A - CONTAINER STORAGE

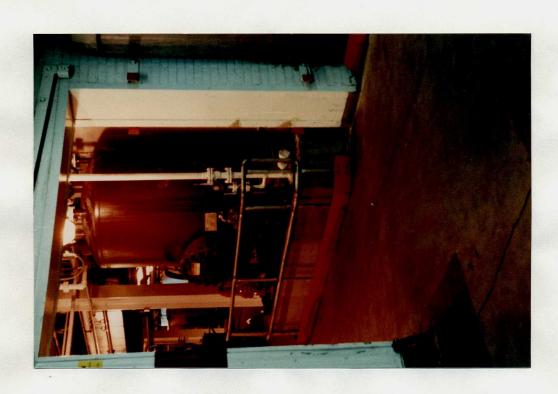
REVISED OHIO PART A" APPLICATION

E.I. DUPONT DE NEMOURS + CO. INC.

APD DEPARTMENT PLANT - TOLEDO, OHIO

LISEPA ID NO. OHD DOSO41843

DHIO HWFIOD NO. 03-48-0195



LOCATION B - TANK #1

REVISED D'HIO PART A' APPLICATION

E.I DUPONT DE NEMOURS & CO. INC.

APD DEPARTMENT PLANT- TOLEDO, OLINO

LISEPA ID NO. DHD DOSONISUS

D'HIO HWFLOP NO. 03-48-0195



LOCATION C - TANK + 14

REVISED D'HIO PART A' APPLICATION

E.I. DU PONT DE NEMOURS & CO. INC.

APD DEPARTMENT PLANT - TOLEDO, OHIO

LISEPA ID NO. OHD DOSO 41843

OHIO HWFIOP NO. 03-48-0195



LOCATION D TANKS W-10 + W-11



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF: RCRA Activities

FEB 26 1982

Alchem-Tron Inc. Inderjit S. Soni 2516 Train Avenue Cleveland, OH 44113

RE: Hazardous Waste Permit Application-Incomplete Part A Facility Name (and EPA ID number) (OHT400011847) Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items marked with an "X". Please return the form in time to reach this office by March 26, 1982. The form must be signed by the appropriate certifying official (Item XIII on Form 1 or Item IX and X on Form 3) or his duly authorized representative. All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility meets the requirements for interim status.

Please feel free to contact David Homer, the reviewer of your application, at (312) 353-2197 or me at (312) 886-7449 if you have any questions or wish to discuss the missing items on the checklist.

Sincerely yours,

Arthur S. Jawatachi

Regional Project Officer

Enclosure

FOR OFFICIAL US	A HAZAG	DOUS WASTE PER Consolidated Permit communication is required under	MIT APPLICAT	FOHDO	NUMBER 0 0 5 0 4 1 8 4 3
APPLICATION DATE (yr.,			СОМ	MENTS	421
Place an "X" in the app	propriate box in A or B be this is your first application	low (mark one box only) to	indicate whether this	is the first application you a	re submitting for your facility d application, enter your facility
	FACILITY (See instruction Complete ite		ng" facility.	77	ILITY (Complete Item below. FOR NEW FACILI
8 3 4 Ø 4 13 74 73 74 B. REVISED APPLI	OPERATION BE (use the boxes to	FACILITIES, PROVIDE TO GAN OR THE DATE CON: the left) below and complete Item I	STRUCTION COMME	day) YR. MO.	PROVIDE THE DAY (yr., ma., & day) OF TION BEGAN OR EXPECTED TO BE
77	HAS INTERIM STATUS			77	Y HAS A RCRA PERMIT
entering codes. If it describe the process  B. PROCESS DESIGN  1. AMOUNT — Entering the process of the process	capacity — For each of the the amount.  "URE — For each of the the amount."	or the code(s) in the space p city) in the space provided code entered in column A er	rovided. If a process won the form (Item III-(  Iter the capacity of the  Iter the code from the I	ill be used that is not includ Cl. process.	cility. Ten lines are provided to led in the list of codes below, to led
PROCESS		PROPRIATE UNITS OF		PRO- CESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS
Storage: CONTAINER (barrel, TANK WASTE PILE SURFACE IMPOUND Disposal: INJECTION WELL	drum, etc.) 'S01 GAL S02 GAL S03 CUE CUE DMENT S04 GAL	LONS OR LITERS LONS OR LITERS LIC YARDS OR LIC METERS LONS OR LITERS LONS OR LITERS	Trestment: TANK SURFACE IMPO	TO STATE OF THE ST	GALLONS PER DAY OR LITERS PER DAY GALLONS PER DAY OR LITERS PER DAY TONS PER HOUR OR METRIC TONS PER HOUR GALLONS PER HOUR OR LITERS PER HOUR
LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUND	MOU.  dept  MEC  D81 ACR  D82 GAL  LITI  DMENT D83 GAL  UNIT OF	RE-FEET (the volume that id cover one acre to a id cover one foot) on TARE-METER IES OR HECTARES LONS PER DAY OR ERS PER DAY	thermal or biolog processes not occ surface impound ators. Describe t the space provide	turring in tanks, ments or incer- he processes in id; Item III-C.)	GALLONS PER DAY OR LITERS PER DAY
UNIT OF MEASURE GALLONS LITERS CUBIC YARDS CUBIC METERS GALLONS PER DAY EXAMPLE FOR COMP other can hold 400 gaile	L Y	TONS PER HOUR METRIC TONS PER GALLONS PER H LITERS PER HOL	RE CO	D HECTARES W ACRES E HECTARES H	r
Č DU	T/A C				
CEBS CODE CODE CODE (from list above)	PROCESS DESIGN C	2. UNIT OF MEA SURE (enter code)	Y ZZ (from list above)	B. PROCESS DESIG	N CAPACITY  2. UNIT OF MEA- SURE (enter (code)
X-1502	600	G 1	5 16 - 19 10		27 28 29
X-2/7 0/3	20/	E	6		
1 S Ø 1	250,000 000	G	7		
2 S Ø 2	3Ø,ØØØ ØØØ	G 🔻	8		
2 S Ø 2 3	30,000 pod	G	9	NOV 1 9 198	0

V. DESCRIPTION OF HAZARDOUS WASTES EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteris-

tics and/or the toxic contaminants of those hazardous wastes. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual

basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE METRIC UNIT OF MEASURE CODE 

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### PROCESSES

1. PROCESS CODES:

L'PRUCESSES (confinuea)

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

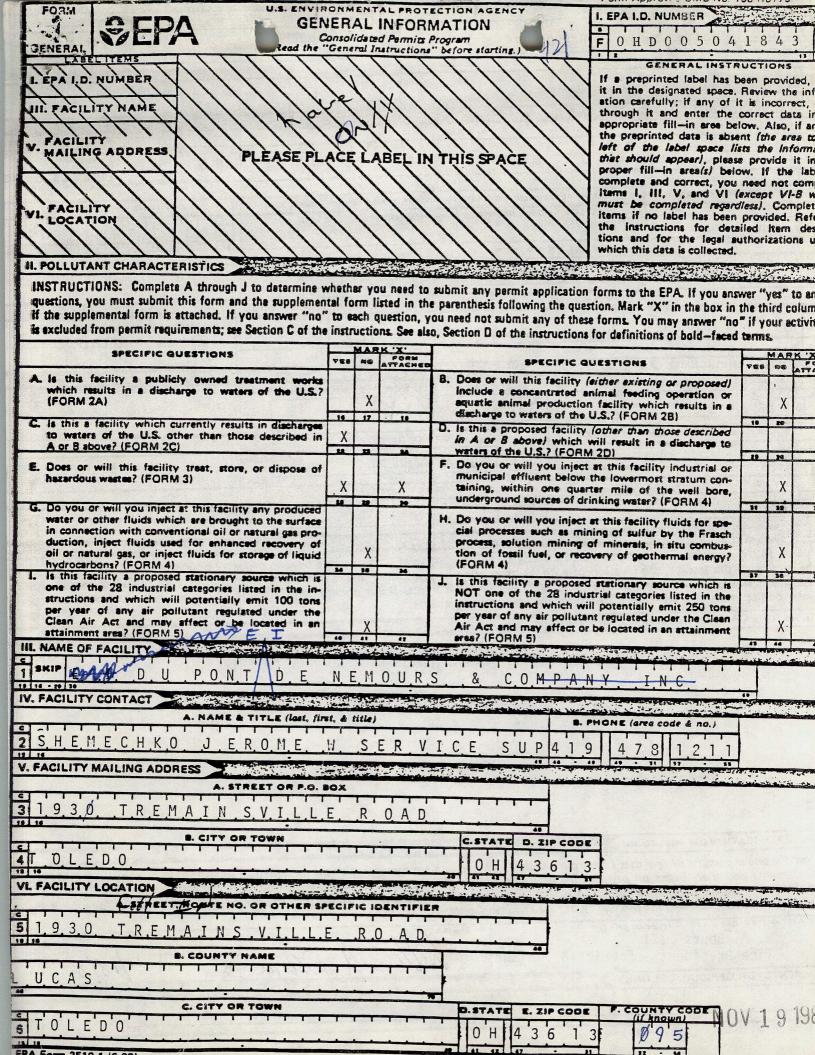
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- OTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by ore than one EPA Hazardous Waste Number shall be described on the form as follows:
- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line,
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

(AMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds r year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes a corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated O pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			EP/			C. UNIT	·L	D. PROCESSES							
NO.	WASTENC (enter code)		TENO QUANTIT		B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)			1. P		ss cop iter)	<b>cs</b>	2. PROCESS DESCRIPTION (If a code is not entered in D(1))		
-1	K	0	5	4	900	P	1	TQ3	D	8 0	-				
-2	D.	0	0	2	400	P	1	T_0 3	D	8 0	F.1				
-3	D	0	0	1	100	P	1	T 0 3	D	80					
	D	0	0	2			1				11		included with above		

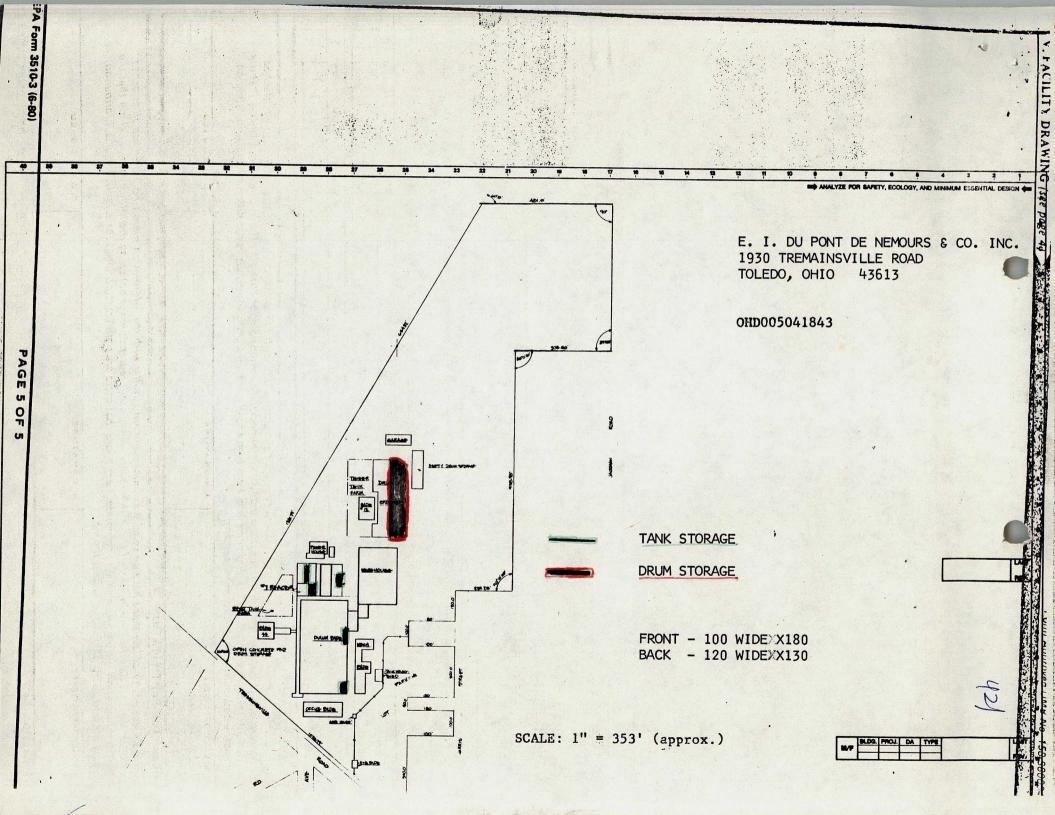
m 3510-3 (6-80)



A. FIRST	
7 2 8 5 1 (Specify)	S. SECOND
PAINT AND ALLIED PROIDTS	N/A
C. THIRD	D. FOURTH
7 N/A	7 (specify)
VIII. OPERATOR INFORMATION	N/A
A. NAM	
8 E I DU PONT DE NEMOUR	B. Is the name listed Item VIII-A also
SE I DU PUNI DE NEMOUR	S & COMPANY, INC
C. STATUS OF OPERATOR (Enter the appropriate letter into the	W.YES LING
TO SEE TOTAL TOTAL TOTAL OF COMME	D. PHONE (area code & no.)
P = PRIVATE	A 3 0 2 7 7 4 3 8 9 1
E. STREET OR P.O. BOX	15 10 - 10 10 - 21 22 - 15
1007 MARKET STREET	
	and the second of the second o
S. CITY OR TOWN	G.STATE M. ZIP CODE IX. INDIAN LAND
BWILMINGTON	DE 11 9 8 9 8 Is the facility located on Indian lands?
10	4 4 4 47
C EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)  D. PSD (Air Em.	issions from Proposed Sources)
N F.2.1 6. * B. X 9 P	N PK
9 1100 (Madespace of Inc.) 10 10 10 10 10 10	OTHER (specify)
16 17 18 3 SEE A	TTACHMENT: (specify)
	OTHER (specify)
R NA 9	(specify)
I. MAP	30
Attach to this application a topographic man of the area extend	
the outline of the facility, the location of each of its existing a	ing to at least one mile beyond property bounderies. The map must show and proposed intake and discharge structures, each of its hazardous waste injects fluids underground leaders at the structure.
reatment, storage, or disposal facilities, and each well where it water bodies in the map area. See instructions for precise requirer	injects fluids underground. Include all springs, rivers and other surface
II. NATURE OF BUSINESS (provide a brief description)	F9: 450
Description)	
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V. FACILITY DRAWING  All existing facilities must include in the space provided or	n page 5 a scale drawing of the facility (see ins	tructions for more det	aill F6: A/cc
VI. PHOTOGRAPHS			and the same of th
All existing facilities must include photographs (ae. treatment and disposal areas; and sites of future sto	rial or ground—level) that clearly delinea orage, treatment or disposal areas (see ins	ite all existing structions for more	tures; existing storage, A
VII. FACILITY GEOGRAPHIC LOCATION			
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VIII. FACILITY OWNER  ☑ A. If the facility owner is also the facility operator as	s listed in Section VIII on Form 1. "General In	formation" place an	'Y' in the how to the left and
skip to Section IX below.			A III the box to the left and
B. If the facility owner is not the facility operator as	listed in Section VIII on Form 1, complete th	e following items:	
	ILITY'S LEGAL OWNER		2. PHONE NO. (area code & no.)
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3. STREET OR P.O. BOX	4. CITY OR TOWN	5. S'	r. 6. ZIP CODE
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IX. OWNER CERTIFICATION			
I certify under penalty of law that I have personally documents, and that based on my inquiry of those	y examined and am familiar with the info	ormation submitted	in this and all attached
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A. NAME (print or type)		I e	DATE SIGNED
II A Pounc III	B. SIGNATURE		
W. A. Bours III Vice President-Fabrics & Finishe	1.11. AR.	My	11/18/80
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## ADDITIONAL INFORMATION FORM 1 (EPA FORM 3510-1)

E. I. Du Pont de Nemours & Company, Inc.

E.P.A. I.D. Number <u>OHD00504184</u>3

1930 Tremainsville Road Toledo, Ohio 43613

Additional information is provided for Section:

X Existing Environmental Permits

City of Toledo, Ohio Air emission permits

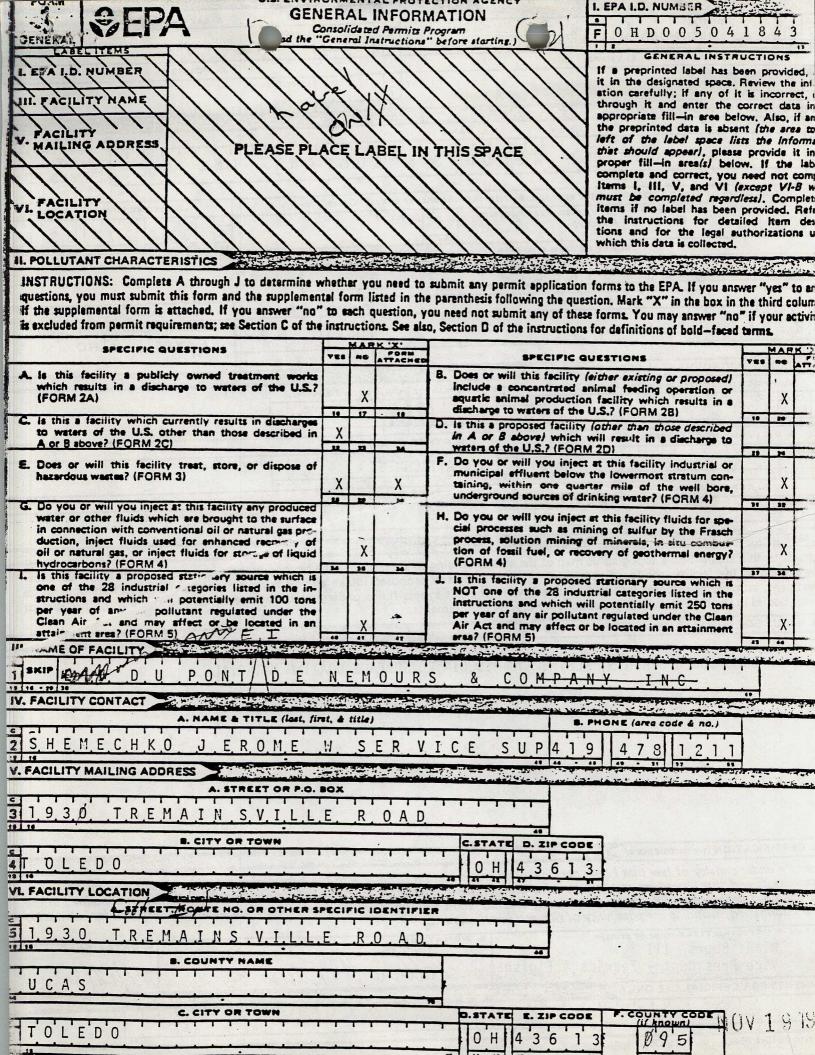
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## PART A AMENDMENTS

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B. If the facility owner is not the facility operator as		100	the following its	ems:				
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EXISTING ENVIRONMENTAL PERMITS		40 41 42 47		o- 1-0110
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C. RCRA (Hazardous Wastes)	E. OTHER	(specify)		
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MAP			10	
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ne outline of the facility, the location of exement, storage, or disposal facilities, and	th of its existing and prop	oosed intake and	discharge structures, each	s. The map must show
eatment, storage, or disposal facilities, and ater bodies in the map area. See instructions	for precise requirements	fluids undergrou	ind. Include all springs, ri	vers and other surface
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DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE - For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

CODE METRIC UNIT OF MEASURE CODE ENGLISH UNIT OF MEASURE KILOGRAMS . . . . . . . . . . . . . . . . . 

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

DTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by are than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line,

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

KAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds r year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes a corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 10 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA					C. UNIT		D. PROCESSES							
NO.	W	AZ	AR	D. 0	B. ESTIMATED ANNUAL		OF MEA- SURE (enter code)		1.	PROCES (en	s codes		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
-1	K	0	5	4	.900	P		TO.	3 1	080				
-2	D	0	0	2	400	P		TO.	3 1	0.8.0				
2-3	D	0	0	1	100	P	'	TO	3 1	0 8 0				
100	D	0	0	2				1					included with above	
	m 3510-3 (6-80)						_		PA	GE 2	OF 5		CONTINUE ON PAG	







